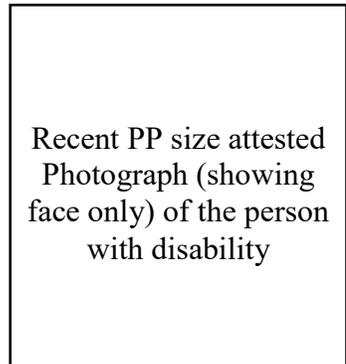


**Form-IV Disability Certificate**

**(In cases of other than those mentioned in Forms II and III)  
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
CERTIFICATE)**

**(See rule 4)**



Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum  
\_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_ Date  
of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years,  
male/female \_\_\_\_\_ Registration No. \_\_\_\_\_ permanent  
resident of House No. \_\_\_\_\_  
Ward/Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_  
District \_\_\_\_\_ State \_\_\_\_\_, whose photograph is affixed  
above, and satisfied that he/she is a case of disability.

1. His/her extent of percentage of physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:

S.No.	Disability	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability		
2.	Visual Impairment (blindness / low vision)		
3.	Hearing impairment		
4.	Speech and language disability		
5.	Intellectual disability		
6.	Mental-illness		
7.	Disability caused due to chronic neurological conditions and / or blood disorders		

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.
3. Reassessment of disability is:
  - a. not necessary Or
  - b. is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_.
4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority) (Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)}



Signature/Thumb impression of the person in whose favour a disability certificate is issued.

**Note:** In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette.

**FORM-PwD (IV)**